

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

1445 Ross Avenue

Suite 1400

☐ Check if different than previously reported. (ACC)

Dallas

TX

75202-2703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00119354

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer

Mr. Todd Plott

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		119469.51
(b) Cash on Hand at Beginning of Reporting Period.....	85977.78	
(c) Total Receipts (from Line 19) .....	9985.50	157287.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95963.28	276756.88
7. Total Disbursements (from Line 31) .....	27294.70	208088.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68668.58	68668.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 09 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 09 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7542.30

56612.55

(ii) Unitemized .....

2443.20

34507.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9985.50

91120.25

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

9985.50

91120.25

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

64667.12

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9985.50

157287.37

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9985.50

157287.37

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	220.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	220.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	135500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	63.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	63.00
29. Other Disbursements .....	9794.70	72305.30
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27294.70	208088.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27294.70	208088.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9985.50	91120.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	63.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9985.50	91057.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	220.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Shawn Levitt

Mailing Address 392 Falling Brook Drive

City State Zip Code  
 Troy MI 48098-4646

FEC ID number of contributing federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

CNE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 04 2014

Transaction ID : A1BD639562E2B496B850

Amount of Each Receipt this Period

250.00

Other 2014

Full Name (Last, First, Middle Initial)

B. PAUL D. SLAVIN

Mailing Address 508 Forrest Ave

City State Zip Code  
 Cleburne TX 76033-5345

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP COMPENSATION BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : AA74626303D884C8CBD6

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. DANIEL WALDMANN

Mailing Address 1111 N Montclair Ave

City State Zip Code  
 Dallas TX 75208-3520

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : AB294CB16BE974693822

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PHILLIP W. ROE**

Mailing Address 1445 Ross Avenue  
Suite 1400

City State Zip Code  
Dallas TX 75202-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SR. VICE PRESIDENT-FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AB2AE03B528C34A6DB4A**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. THOMAS RICE**

Mailing Address 15126 Ferdinand Dr

City State Zip Code  
Dallas TX 75248-6437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SVP, INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A683DC17AD22A4431ADA**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. KENNETH F SUTHERLAND**

Mailing Address 102 Wilmington Ct

City State Zip Code  
Southlake TX 76092-8492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, CONSTRUCTION & DESIG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A12B2EAECC37B4526AE5**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. JAMES M THATCHER**

Mailing Address 6608 Castle Pines Dr

City

Plano

State

TX

Zip Code

75093-6378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

SVP, BUS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A185BE48B448F494F88C**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. CRAIG C ARMIN**

Mailing Address 23510 Berdon St

City

Woodland Hills

State

CA

Zip Code

91367-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, GOVT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A95B81911AF8D4955A31**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JACK HARARI**

Mailing Address 501 Lido Dr

City

Fort Lauderdale

State

FL

Zip Code

33301-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A1B661DA5E7D445CBB16**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ERIK G. WEXLER**

Mailing Address 110 STUART ST, UNIT 25E

City  
Boston

State  
MA

Zip Code  
02116-5675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare Corp

Occupation

CEO, Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A86CC80E155454752BB9**

Amount of Each Receipt this Period

87.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. LESTER G COTTLE**

Mailing Address 1625 Fawn Ln

City

Huntingdon Valley

State

PA

Zip Code

19006-7917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. CHRISTOPHER'S HOSPITAL FOR  
CHILDREN

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AFEBF3301C30C4408AA2**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DAWN CASTRO**

Mailing Address 15408 Fox Meadow Ln

City

Frisco

State

TX

Zip Code

75035-3671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

VP CLIENT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AA4BBF1654F11454CB82**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. CONLEY S CERVANTES**

Mailing Address 819 Cambridge Manor Ln

City State Zip Code  
Coppell TX 75019-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SR DIR, MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AF926DDCD01404ACBBDI**

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$12.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. JEFFREY KOURY**

Mailing Address 42 Barneburg

City State Zip Code  
Dove Canyon CA 92679-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SVP, REGIONAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AA1D6EE0F05544E59A09**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. MARK P LISA**

Mailing Address 391 E Milgeo Ave

City State Zip Code  
Ripon CA 95366-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL OF MANTECA

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AAB6F42804D3D44C7803**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

178.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL S HONGOLA

Mailing Address 6704 Westmont Dr

City

Colleyville

State

TX

Zip Code

76034-7263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, INFO SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : AC856671E66E8448693B

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

B. DINA L DUNN

Mailing Address 3717 Cherry Ridge Dr

City

Frisco

State

TX

Zip Code

75033-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, HR HOSPITAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : A570868D0FCBE43C19A3

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. MICHELE M FINNEY

Mailing Address 21521 Turtledove St

City

Trabuco Canyon

State

CA

Zip Code

92679-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ALAMITOS MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : AAB69596FB0804CAC992

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. TYLER MURPHY**

Mailing Address 108 Londonberry Ter

City State Zip Code  
 Southlake TX 76092-7321

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : A0B2D821C6F6549D486D

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. JOHN A GRAH**

Mailing Address 6104 La Posta Dr

City State Zip Code  
 El Paso TX 79912-1842

FEC ID number of contributing federal political committee.

C

Name of Employer

PROVIDENCE MEMORIAL HOSPITAL

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : ACB0B164A8BA94F27A0D

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. ROB FINNEGAN**

Mailing Address 2804 Carriage Trl

City State Zip Code  
 McKinney TX 75070-4306

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SR DIR, FINANCE ASC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : A5173C3B10C4D41BCB18

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

154.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AUDREY T ANDREWS**

Mailing Address 702 Penfolds Ln

City

Coppell

State

TX

Zip Code

75019-4544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : A65DBA06A00FD4CF3AC3

Amount of Each Receipt this Period

384.00

Payroll Deduction: \$192.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. STEVEN B BARR**

Mailing Address 1300 Binz St

City

Houston

State

TX

Zip Code

77004-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLAZA SPECIALTY HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : A3B65AD1FBA3D447EB9F

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. SHELLEY GILES**

Mailing Address 3803 Stockton Ln

City

Dallas

State

TX

Zip Code

75287-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

DIR, RELOCATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : A919170F2DDDF4896973

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

462.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT B SHAPPLEY**

Mailing Address 1043 Humphrey Oaks Cir

City

Memphis

State

TN

Zip Code

38120-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

ASSOC. ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AD61388DC6D24401192C

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. TIMOTHY PUTHOFF**

Mailing Address 1445 Ross Avenue  
Suite 1400

City

Dallas

State

TX

Zip Code

75202-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOUSTON NORTHWEST MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A1026853CF7FB438B931

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. MARK H BRYAN**

Mailing Address 7480 Kings Mountain Rd

City

Vestavia

State

AL

Zip Code

35242-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DELRAY MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A4495DAC834064428BF2

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DANIEL M KARNUTA**

Mailing Address 981 Patrician Ct

City

McKinney

State

TX

Zip Code

75069-8781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A6AD1DA78CA764B4F8DE**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. LERRYN CROCKER**

Mailing Address 2386 Liledoun Rd

City

Taylorsville

State

NC

Zip Code

28681-8892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRYE REGIONAL MEDICAL CENTER

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A8D49AC6412B74E9CB90**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. CONRAD MALLET**

Mailing Address 19386 Cumberland Way

City

Detroit

State

MI

Zip Code

48203-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A50C7D0D9D80448139C1**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID W BORDOFSKE**

Mailing Address 5001 Ashland Belle Ln

City State Zip Code  
 Frisco TX 75035-7682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TENET HEALTHCARE CORPORATION

Occupation  
 VP, CLINICAL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A80EAF50AD1CC4000BE4**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. MICHAEL HALTER**

Mailing Address 111 Righters Mill Rd

City State Zip Code  
 Penn Valley PA 19072-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HAHNEMANN UNIVERSITY HOSPITAL

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AF8B4D18DF6744B81BA7**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. TIM ADAMS**

Mailing Address 2408 University Club Dr

City State Zip Code  
 Austin TX 78732-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TENET HEALTHCARE CORPORATION

Occupation  
 SVP REGIONAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AA887553A670A41C58D9**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KELVIN A BAGGETT**

Mailing Address 6453 Tulip Ln

City State Zip Code  
Dallas TX 75230-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
SVP, CHIEF MEDICAL OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A919CEB740236409793A

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. PHILLIP SOWA**

Mailing Address 4909 Laclede Ave  
Apt 805

City State Zip Code  
Saint Louis MO 63108-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAINT LOUIS UNIVERSITY HOSPITAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A02528F7D69A34D8B907

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. VANESSA BENAVIDES**

Mailing Address 3818 Cedar Spr  
# 101-32

City State Zip Code  
Dallas TX 75219-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
CORP COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A8C602A254C0A4CE6AD6

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

234.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JAIKUMAR KRISHNASWAMY**

Mailing Address 13123 Avalange Ct

City State Zip Code  
Cypress TX 77429-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYPRESS FAIRBANKS MEDICAL CENTER

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A9328FC7866D44A6B855**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. ROBERT HOEFER**

Mailing Address 11216 Hermitage Hill Place

City State Zip Code  
Saint Louis MO 63131-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Louis University Hospital

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A45A3158D01964DA8BDB**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. MARK R. MONTONEY**

Mailing Address 1234 Potter Lane

City State Zip Code  
Gallatin TN 37066-7499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tenet Healthcare Corporation

Occupation  
CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AB760F187695A496099F**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

194.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HAROLD K. BANDY**

Mailing Address 9004 OLD SMRYNA RD

City

Brentwood

State

TN

Zip Code

37027-6058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare Corp

Occupation

Senior Director, IS Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : ACDAC2F20A3BC452099F**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. SALLY A HURT-STEFFEN**

Mailing Address 712 Waltham Ct

City

El Paso

State

TX

Zip Code

79922-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIERRA PROVIDENCE EASTSIDE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A9761C712C402482CAE5**

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$50.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. ANDREAS M GRAF**

Mailing Address 3975 Stockton Ln

City

Dallas

State

TX

Zip Code

75287-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

MGR, TRAVEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A05B1F90201D74874BF7**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

218.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. MICHAEL K BURTNETT**

Mailing Address 1131 N Edgefield Ave

City	State	Zip Code
Dallas	TX	75208-3624

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, OUTPATIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : A47817D818E604B4FB34

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. PAUL A CASTANON**

Mailing Address 6307 Preston Pkwy

City	State	Zip Code
Dallas	TX	75205-1650

FEC ID number of contributing federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP &amp; DEPUTY GNRL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : AD1478E2F26694840AB7

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JASON E EVANS**

Mailing Address 676 Bryn Mahr Ln

City	State	Zip Code
Rockwall	TX	75087-6018

FEC ID number of contributing federal political committee.

C

Name of Employer

LAKE POINTE MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : A403B346D09724B158D6

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

192.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEREMY D FALKE**

Mailing Address 18726 Olive St

City

Omaha

State

NE

Zip Code

68136-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

DIR, STRTGIC OPS, ANLYS & REPORTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A8A860ECEBDA746D3A65**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. STEPHEN W KROUSE**

Mailing Address 632 Hirst Ave

City

Havertown

State

PA

Zip Code

19083-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. CHRISTOPHER'S HOSPITAL FOR  
CHILDREN

Occupation

CHIEF HR OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A7E2DFA3C20A949B09CC**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JOHN TILLY**

Mailing Address 1221 Wentwood Dr

City

Irving

State

TX

Zip Code

75061-4456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A0A5E0DCF24BF458E8C0**

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$75.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH JOHNSON**

Mailing Address 3302 Marsh Ln

City

Grapevine

State

TX

Zip Code

76051-6828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, APPLIED CLINICAL INF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AE8589EC664F64946A14**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. RICKY JOHNSTON**

Mailing Address 401 N Church St

City

McKinney

State

TX

Zip Code

75069-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, IT TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AD8F5ADA809C340208A1**

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JAMES E MCPARTLAND**

Mailing Address 2345 Timberlake Cir

City

Allen

State

TX

Zip Code

75013-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, PATIENT MGMT SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A5CD9FD469DB34734A01**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

204.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ALVIN W JOSEPHS**

Mailing Address 3717 Herwol Ave

City

Waco

State

TX

Zip Code

76710-7218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SR DIR, COMPLNCE POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A20C8A8C6E7774622AF9**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. RODNEY A REASONER**

Mailing Address 1960 Mary Lee Ln

City

Allen

State

TX

Zip Code

75002-8528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A0E9439B253D34986A34**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DAVID L ARCHER**

Mailing Address 2594 Hocksett Cv

City

Germantown

State

TN

Zip Code

38139-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A7CC6D5C5DB1443F7AF1**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CATHRYN H FRASER**

Mailing Address 272 Enclaves Ct

City

Coppell

State

TX

Zip Code

75019-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SVP, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A4D5CCF3D2FF84F55B80**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. MONICA C VARGAS**

Mailing Address 4017 Flamingo Dr

City

El Paso

State

TX

Zip Code

79902-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIERRA PROVIDENCE EASTSIDE  
HOSPITAL

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A52D70FC9C4D742E7A98**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DOUGLAS E RABE**

Mailing Address 7746 Eagle Trl

City

Dallas

State

TX

Zip Code

75238-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, TAXATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : ADCA9BF43027940F282D**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RICHARD E GLANCEY**

Mailing Address 6516 Vasco Way

City

El Paso

State

TX

Zip Code

79912-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIERRA MEDICAL CENTER

Occupation

DIR, EXTERNAL AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

663.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AE6FA617DB28E4C64A9F

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. THOMAS WOLF**

Mailing Address 2613 Millington Dr

City

Plano

State

TX

Zip Code

75093-3560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

MGR, REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A6791A2CA53BA4B9B99F

Amount of Each Receipt this Period

32.00

Payroll Deduction: \$16.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. COREY L DAVISON**

Mailing Address 2700 Crepe Myrtle Dr

City

Flower Mound

State

TX

Zip Code

75028-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

VP, GOVT RELATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

Transaction ID : ADD1B4ABA8D7444DE9D8

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

188.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RONALD GALONSKY**

Mailing Address 2 Alato Drive

City State Zip Code  
Mission Viejo CA 92692-5104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakewood Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A948542DF0C3642D1903**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. JOHN W. TURNER Jr.**

Mailing Address 1445 Ross Ave, Suite 1400

City State Zip Code  
Dallas TX 75202-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tenet Healthcare Corp

Occupation  
Senior Director, Practice Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A795EA8D5B2AC49D28EB**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JOSEPH J. MULLANY**

Mailing Address 2169 Tottenham Road

City State Zip Code  
Bloomfield Hills MI 48301-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Detroit Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A794C86AB1D8F46A0878**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KEITH PITTS**

Mailing Address 4441 South Versailles Ave

City State Zip Code  
Dallas TX 75205-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare Corporation

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A12648AC842D34DF7AE3**

Amount of Each Receipt this Period

384.00

Payroll Deduction: \$192.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. ALAN R CASON**

Mailing Address 255 Evernia St  
Apt 1503

City State Zip Code  
West Palm Bch FL 33401-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pinnacle M.S.O

Occupation

VP & CEO MIDTOWN IMAGING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AE684450FB4334F30AB3**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. BRITT REYNOLDS**

Mailing Address 3201 Wentwood Dr

City State Zip Code  
Dallas TX 75225-4845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

PRESIDENT OF HOSPITAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 20 / 2014

**Transaction ID : A9923FF829AFF4964858**

Amount of Each Receipt this Period

192.30

Payroll Deduction: \$96.15/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

614.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MATTHEW C MICHAELS**

Mailing Address 3507 Munstead Trl

City State Zip Code  
 Frisco TX 75033-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

SVP, HOSPITAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AB3ADF1963B22407583F**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. ALBERT BARROCAS**

Mailing Address 4050 Spalding Dr

City State Zip Code  
 Atlanta GA 30350-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH FULTON MEDICAL CENTER

Occupation

CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AF046C2D0C3B7483DA10**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. STEPHEN M MOONEY**

Mailing Address 4619 Briar Oaks Cir

City State Zip Code  
 Dallas TX 75287-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

PRESIDENT, CONIFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A8F38E8EC52A54390B12**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICHAEL J KING**

Mailing Address 2713 Stuyvesant Cir

City

Modesto

State

CA

Zip Code

95356-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOCTORS MEDICAL CENTER-MODESTO

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A436174F002764AC7B65

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. KENT G CLAYTON**

Mailing Address 3 Turtle Bay Dr

City

Newport Beach

State

CA

Zip Code

92660-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLACENTIA LINDA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AF4CD55F72B204CE5A21

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. WILLIAM T MOORE**

Mailing Address 3014 Castle Pines Dr

City

Duluth

State

GA

Zip Code

30097-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 20 / 2014

Transaction ID : A5A00110ED82249A9AE1

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN QUINN**

Mailing Address 1138 Pine Valley Rd

City State Zip Code  
 Griffin GA 30224-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SPALDING REGIONAL HOSPITAL

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A97C720D096F34DA5B4A**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. RUBEN O RODRIGUEZ**

Mailing Address 6905 Villa Hermosa Dr

City State Zip Code  
 El Paso TX 79912-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SIERRA PROVIDENCE EASTSIDE  
 HOSPITAL

Occupation  
 DIR, PLANT OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A6C9332B3CE004051A5D**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JEFFREY K. STADNIK**

Mailing Address 1643 Rainbow Knls

City State Zip Code  
 Chino Hills CA 91709-4866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TENET CALIFORNIA, SANTA ANA OFFICE

Occupation  
 SPEC-PRODUCTIVITY PMI SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AE2066F6FB16545A49E7**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. MANUEL LINARES**

Mailing Address 7935 East Dr  
Apt 901

City State Zip Code  
North Bay Village FL 33141-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH SHORE MEDICAL CENTER

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A5BA28D90EF634575BE9**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. GARY J SLOAN**

Mailing Address 615 Stevens Ct

City State Zip Code  
Danville CA 94506-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Ramon Regional Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AD3A947E8CEB04F99AF9**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. KAREN R FOWLER**

Mailing Address 8306 Turquoise St

City State Zip Code  
El Paso TX 79904-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCE MEMORIAL HOSPITAL

Occupation  
ASST VP NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : ABFBB8C7015EB4854A80**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

152.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. NORMA A ZERINGUE**

Mailing Address 5757 Southwestern Blvd

City State Zip Code  
Dallas TX 75209-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONIFER

Occupation

SVP, STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AF4AC5E69A50C4D2FBA8**

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. TERRY WHEELER**

Mailing Address 13802 Magnolia Manor Dr

City State Zip Code  
Cypress TX 77429-8162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CYPRESS FAIRBANKS MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : A9202E378C8F246748FA**

Amount of Each Receipt this Period

70.00

Payroll Deduction: \$35.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. GARY K RUFF**

Mailing Address 714 Kent Ct

City State Zip Code  
Southlake TX 76092-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SVP, PHYSICIAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : ACC56ED7A081A45B2B03**

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOE D THOMASON**

Mailing Address 6304 Carmel Falls Ct

City

McKinney

State

TX

Zip Code

75070-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTENNIAL MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AACDAD0A188524637B0A**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. DENISE F BERGER**

Mailing Address 1504 Country Bend Dr

City

Saint Charles

State

MO

Zip Code

63303-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DES PERES HOSPITAL

Occupation

HOSPITAL COMPLIANCE OFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AC1AD17407F97470B877**

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. EDWARD MESCO**

Mailing Address 7365 NW 54th St

City

Lauderhill

State

FL

Zip Code

33319-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

DIR, REG REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : AF819FB36930F486E86F**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

204.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. DEBORAH DALEY**

Mailing Address PO Box 757

City State Zip Code  
Edgewood TX 75117-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
ASST - ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AC985085D275E48149F7

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. GARY L HONTS JR.**

Mailing Address 7707 N 127th Ave

City State Zip Code  
Omaha NE 68142-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JFK Memorial Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AA32259B1A0794077924

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. MARITA COVARRUBIAS**

Mailing Address 7115 Wildgrove Ave

City State Zip Code  
Dallas TX 75214-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

09 / 20 / 2014

Transaction ID : AB84DFEEC870B42F5970

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THOMAS I RUNKLE**

Mailing Address 868B N Pennock St

City

Philadelphia

State

PA

Zip Code

19130-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAHNEMANN UNIVERSITY HOSPITAL

Occupation

DIRECTOR OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 27 / 2014

Transaction ID : A4F25153CED6D4505B3E

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. CELESTE H CHAMBERLAIN**

Mailing Address 8446 Pembroke Rd

City

Philadelphia

State

PA

Zip Code

19128-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. CHRISTOPHER'S HOSPITAL FOR  
CHILDREN

Occupation

DCQI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 27 / 2014

Transaction ID : A84169AC08B5C4AB9B63

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. STEPHEN D PRESTON**

Mailing Address 3680 Village Center Ln

City

Hoover

State

AL

Zip Code

35226-6343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROOKWOOD MEDICAL CENTER

Occupation

VP, EXTERNAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 27 / 2014

Transaction ID : AB46E04DD95CF49E5AB0

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEREMY CLARK**

Mailing Address 2411 N Hall St  
Apt 19

City State Zip Code  
Dallas TX 75204-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : AB1F85C31514F4CB5974

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

7542.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Lewis For Congress**

Mailing Address 2015 Wallace Rd.

City	State	Zip Code
Atlanta	GA	30331-7756

Purpose of Disbursement  
General 2014

Candidate Name

**Rep. John Lewis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	04	/	2014

**Transaction ID : B516BCCFA7AFD4B4795F**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement  
General 2014

Candidate Name

**Mark L Pryor**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	04	/	2014

**Transaction ID : B918D17591A8D4C3D901**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Mark DeSaulnier for Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841-3111

Purpose of Disbursement  
General 2014

Candidate Name

**Mark DeSaulnier**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

**Transaction ID : B66EED762CD3246A7B8B**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HOOSIERS FOR ROKITA, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Mailing Address 314 ARSENAL AVE.

**Transaction ID : B3A593598E9C5425BA36**

City	State	Zip Code
Indianapolis	IN	46201-3002

Amount of Each Disbursement this Period

Purpose of Disbursement  
General 2014Category/  
Type

1000.00
---------

Candidate Name

**Theodore Edward Rokita**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 04

Full Name (Last, First, Middle Initial)

**B. EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

Mailing Address PO BOX 2485

**Transaction ID : BC5FD75B3927B4260866**

City	State	Zip Code
SPRINGFIELD	VA	22152

Amount of Each Disbursement this Period

Purpose of Disbursement  
Other 2014Category/  
Type

5000.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2014

Full Name (Last, First, Middle Initial)

**C. PITTSPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Mailing Address 1942 PARK PLAZA

**Transaction ID : B5F3645371B714530B6F**

City	State	Zip Code
LANCASTER	PA	17601

Amount of Each Disbursement this Period

Purpose of Disbursement  
Other 2014Category/  
Type

2500.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2014

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
---------

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

#### A. AMERICA'S LEADERSHIP PAC

09 / 18 / 2014

Mailing Address 700 13TH STREET, NW  
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement	Other 2014
Other 2014	

Candidate Name

Category/  
Type

Transaction ID : BB9F18EFCC681455AA69

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Other2014

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

17500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Club Giraud**

Mailing Address 707 North St. Mary's Street

City	State	Zip Code
San Antonio	TX	78205-1363

Purpose of Disbursement  
In-Kind Event Expenses: Leticia Van de Putte

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : B740F3635AF0F4993B8A**

Amount of Each Disbursement this Period

1294.70
---------

Full Name (Last, First, Middle Initial)

**B. Committee to Re-elect John Taylor**

Mailing Address 3316 Belgrade Street

City	State	Zip Code
Philadelphia	PA	19134-5315

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B6984C64FE6D94F88B1F**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Farnese, The**

Mailing Address P.O. Box 22596

City	State	Zip Code
Philadelphia	PA	19110

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : BAADD54C646CE424BA65**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2044.70
---------

--



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sam Smith**

Mailing Address 826 Ridge Road

City	State	Zip Code
Punxsutawney	PA	15767

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B327477343E0F4A0388C**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Mike Turzai Leadership Fund**

Mailing Address P.O. Box 721

City	State	Zip Code
Wexford	PA	15090-0721

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B77308D7024C94DC8AEA**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Bill Adolph, Jr.**

Mailing Address P.O. Box 303

City	State	Zip Code
Springfield	PA	19064

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : BC3A3901141444F7C95F**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
---------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Senate Democratic Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Mailing Address 300 N. 2nd Street, 8th Floor

**Transaction ID : B155D9FBE6CFE4C58871**

City	State	Zip Code
Harrisburg	PA	17101

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Other 2014

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2014

Full Name (Last, First, Middle Initial)

**B. Senator Juan 'Chuy' Hinojosa Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Mailing Address 612 W. Nolana, Suite 410

**Transaction ID : BE6756FA2F2B54DBCBAF**

City	State	Zip Code
McAllen	TX	78504-3089

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
General 2014

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Friends of Dominic Pileggi**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

Mailing Address 101 West Baltimore Avenue

**Transaction ID : B323304431F414A26B3E**

City	State	Zip Code
Media	PA	19063

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
General 2014

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jay Costa, Jr. for State Senate**

Mailing Address 314 Newport Road

City	State	Zip Code
Pittsburgh	PA	15221

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : BC91EACA8BC4F4195B5F**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Senate Republican Campaign Committee**

Mailing Address P.O. Box 792

City	State	Zip Code
Harrisburg	PA	17108

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B515EBF25C3A249FCA6A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Jake Corman**

Mailing Address P.O. Box 421

City	State	Zip Code
Bellefonte	PA	16823

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B7586BAAC2B8D42BAB11**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Matt Baker for State Representative**

Mailing Address 74 Main Street

City	State	Zip Code
Wellsboro	PA	16901

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B2BE855CA95C74FD88BF**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Citizens for Hughes**

Mailing Address 4950 Parkside Avenue, Suite 103

City	State	Zip Code
Philadelphia	PA	19131-4700

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : BC1FBBC5CA41548E1B9B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Angel Cruz for State Representative**

Mailing Address 3503 North B Street, Unit 7

City	State	Zip Code
Philadelphia	PA	19134

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : B07C4CA7E85334CA5ADE**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00
---------

9794.70
---------